



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: COMMUNITY HOSPITAL OF BREMEN, INC.

City of Hospital: Bremen

Year Begin: 05/01/2011 (mm/dd/yyyy format)

Year End: 04/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-1300

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$5354976
Outpatient Patient Service Revenue	\$19961700
Total Gross Patient Service Revenue	\$25316676

2. Deductions From Revenue

Contractual Allowance	\$10275775
Other Deductions	\$820804
Total Deductions	\$11096579

3. Total Operating Revenue

Net Patient Service Revenue	\$14220097
Other Operating Revenue	\$650983
Total Operating Revenue	\$14871080

4. Operating Expenses

Salaries and Wages	\$5994184	Employee Benefits	\$1338902
Depreciation and Amortization	\$1126419	Interest Expense	\$683905
Bad Debt	\$157847	Other Expenses	\$5436859
Total Operating Expenses	\$14738116		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$140140	Total Assets	\$22415411
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$22415411
Total Net Gains	\$140140		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$8264279	\$3734076	\$4530203
Medicaid	\$2089938	\$1650830	\$439108
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$14962459	\$5711673	\$9250786
Total	\$25316676	\$11096579	\$14220097

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$36901	\$-36901
Hospital Patients	\$0	\$0	\$0
Community Education	\$10602	\$52765	\$-42163

Number of Medical Professionals Trained	44
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	9177

Statement Six: Charity Statement

Hospital Charity Charges	\$820804
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$942696	
HCI Payments	\$0		
Subtotal	\$0	\$942696	\$-942696
Medicaid Shortfalls	\$334391	\$1237479	
Subtotal	\$334391	\$1237479	\$-903088
DSH Payments	\$0		
Subtotal	\$334391	\$1237479	\$-903088
Medicare Shortfalls	\$4812763	\$4775802	
Other Government Programs	\$0	\$0	
Total	\$5147154	\$6013281	\$-866127

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$542962	\$1654868	\$-1111906
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0